

**SOUTHEASTERN SYNOD WOMEN OF THE ELCA (SES WELCA)  
EXPENSE REPORT FORM**

	DATE(S)	PURPOSE	MILESx2	AMOUNT
Mileage @. 32 pls incl google map type rpt with mileage				
Rental				
Fuel (Rental Only)				
Parking				
Lodging				
Meal 1				
Meal 2				
Postage				
Copies				
Other (specify)				
Other (specify)				
Other (specify)				
<b>TOTAL</b>				

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Complete and sign the form then mail or email with receipts to:*

**Diana Palma**  
312 Honey Locust Court  
Peachtree City, GA 30269  
[palmadbmax@gmail.com](mailto:palmadbmax@gmail.com)

*(To be completed by the president and treasurer)*

Check number \_\_\_\_\_ Date paid \_\_\_\_\_

President's signature \_\_\_\_\_

Treasurer's signature \_\_\_\_\_